

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **PEPTIDE INHIBITORS OF HEPATITIS C VIRUS NS3 PROTEASE**, the specification of which [check one(s) applicable]

X was filed 9 June 1999 as International Patent Application Serial No. PCT/GB99/01824, on which U.S. National Stage Application Serial No. 09/719,261 is based; and/or
— was amended by Amendment filed _____ (if applicable); and/or
— is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37 C.F.R. §1.56(a)].

CLAIM UNDER 35 U.S.C. §119: I hereby claim foreign priority benefits under 35 U.S.C. §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed:

<u>Prior Foreign Application(s)</u>	<u>Filing Date</u>	<u>Priority Claimed</u>
<u>Appln No.</u>	<u>Day-Mon-Year</u>	<u>Yes - No</u>
9812523.0	10-06-1998	Yes

POWER OF ATTORNEY: As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: **Patrick J. Hagan, Reg. No. 27,643** and **Kathleen D. Rigaut, Ph.D., Reg. 43,047.**

POWER TO INSPECT: I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: **CUSTOMER NUMBER 000110**

DIRECT INQUIRIES TO: **Telephone: (215) 563-4100**
Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

SECOND JOINT INVENTOR (IF ANY)

Full Name Victor G. Matassa
First Middle Last

Signature Victor G. Matassa

Date Feb 9th 2001

Residence Velletri, Rome, Italy
City State or Country

Citizenship U.K.

Post Office Address:

Via Panoramica 44
Street Address

Velletri Rome Italy 00049
City State or Country Zip Code

Full Name Frank Naries
First Middle Last

Signature Frank Naries

Date 27. Febr. 2001

Residence ArICCia Italy
City State or Country

Citizenship German

Post Office Address:

Viale dei Cervi 25
Street Address

ArICCia Rome, Italy 00040
City State or Country Zip Code

THIRD JOINT INVENTOR (IF ANY)

FOURTH JOINT INVENTOR (IF ANY)
03/02/2001 07:23:01

3 20
Full Name Konrad Forster Koehler
First Middle Last
Signature Konrad H. Koehler
Date 5 February 2001
Residence Huddinge Sweden SE-141 50
City State or Country Zip Code
Citizenship U.S.A.
Post Office Address:
Visättravägen 27:
Street Address
Huddinge Sweden SE-141 50
City State or Country Zip Code

Full Name Jesus Ontoria
First Middle Last
Signature _____
Date _____
Residence _____
City State or Country
Citizenship _____
Post Office Address:
Street Address
City State or Country Zip Code

FIFTH JOINT INVENTOR (IF ANY)

SIXTH JOINT INVENTOR (IF ANY)

Full Name Marco Poma
First Middle Last
Signature _____
Date _____
Residence _____
City State or Country
Citizenship _____
Post Office Address:
Street Address
City State or Country Zip Code

Full Name Antonella Marchetti
First Middle Last
Signature _____
Date _____
Residence _____
City State or Country
Citizenship _____
Post Office Address:
Street Address
City State or Country Zip Code

Full Name Konrad Koehler
 First Middle Last

Signature _____

Date _____

Residence _____
 City State or Country

Citizenship _____

Post Office Address:

Street Address _____

City State or Country Zip Code

FIFTH JOINT INVENTOR (IF ANY)

Full Name Marco Poma
 First Middle Last

Signature _____

Date _____

Residence _____
 City State or Country

Citizenship _____

Post Office Address:

Street Address _____

City State or Country Zip Code

Full Name Jesus Ontoria
 First Middle Last

Signature _____

Date 2nd February 2001

Residence BARCELONA SPAIN ESX
 City State or Country

Citizenship SPANISH

Post Office Address:

C/REMET, 10-12, ESCALERA A, 1^a-5^a

Street Address _____

BARCELONA SPAIN 08014
 City State or Country Zip Code

SIXTH JOINT INVENTOR (IF ANY)

Full Name Antonella Marchetti
 First Middle Last

Signature _____

Date _____

Residence _____
 City State or Country

Citizenship _____

Post Office Address:

Street Address _____

City State or Country Zip Code

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **PEPTIDE INHIBITORS OF HEPATITIS C VIRUS NS3 PROTEASE**, the specification of which [check one(s) applicable]

☒ was filed 9 June 1999 as International Patent Application Serial No. PCT/GB99/01824, on which U.S. National Stage Application Serial No. 09/719,261 is based; and/or
☐ was amended by Amendment filed _____ (if applicable); and/or
☐ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37 C.F.R. §1.56(a)].

CLAIM UNDER 35 U.S.C. §119: I hereby claim foreign priority benefits under 35 U.S.C. §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed:

<u>Prior Foreign Application(s)</u>	<u>Filing Date</u>	<u>Priority Claimed</u>
<u>Appln No.</u> <u>Country</u>	<u>Day-Mon-Year</u>	<u>Yes - No</u>
9812523.0 Great Britain	10-06-1998	Yes

POWER OF ATTORNEY: As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: **Patrick J. Hagan, Reg. No. 27,643 and Kathleen D. Rigaut, Ph.D., Reg. 43,047.**

POWER TO INSPECT: I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: **CUSTOMER NUMBER 000110**

DIRECT INQUIRIES TO: **Telephone: (215) 563-4100**
Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

SECOND JOINT INVENTOR (IF ANY)

Full Name Victor Matassa
First Middle Last

Full Name Frank Narjes
First Middle Last

Signature _____

Signature _____

Date _____

Date _____

Residence _____
City State or Country

Residence _____
City State or Country

Citizenship _____

Citizenship _____

Post Office Address: _____

Post Office Address: _____

Street Address _____

Street Address _____

City State or Country Zip Code

City State or Country Zip Code

DECLARATION OF POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **PEPTIDE INHIBITORS OF HEPATITIS C VIRUS NS3 PROTEASE**, the specification of which [check one(s) applicable]

X was filed 9 June 1999 as International Patent Application Serial No. PCT/GB99/01824, on which U.S. National Stage Application Serial No. 09/719,261 is based; and/or
— was amended by Amendment filed _____ (if applicable); and/or
— is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37 C.F.R. §1.56(a)].

CLAIM UNDER 35 U.S.C. §119: I hereby claim foreign priority benefits under 35 U.S.C. §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed:

<u>Prior Foreign Application(s)</u> <u>Appln No.</u>	<u>Country</u>	<u>Filing Date</u> <u>Day-Mon-Year</u>	<u>Priority Claimed</u> <u>Yes - No</u>
9812523.0	Great Britain	10-06-1998	Yes

POWER OF ATTORNEY: As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: **Patrick J. Hagan, Reg. No. 27,643** and **Kathleen D. Rigaut, Ph.D., Reg. 43,047.**

POWER TO INSPECT: I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: **CUSTOMER NUMBER 000110**

DIRECT INQUIRIES TO: **Telephone: (215) 563-4100**
Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

SECOND JOINT INVENTOR (IF ANY)

Full Name Victor Matassa
First Middle Last

Full Name Frank Narjes
First Middle Last

Signature _____

Signature _____

Date _____

Date _____

Residence _____
City State or Country

Residence _____
City State or Country

Citizenship _____

Citizenship _____

Post Office Address: _____

Post Office Address: _____

Street Address _____

Street Address _____

City State or Country Zip Code

City State or Country

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **PEPTIDE INHIBITORS OF HEPATITIS C VIRUS NS3 PROTEASE**, the specification of which [check one(s) applicable]

X was filed 9 June 1999 as International Patent Application Serial No. PCT/GB99/01824, on which U.S. National Stage Application Serial No. 09/719,261 is based; and/or
 _____ was amended by Amendment filed _____ (if applicable); and/or
 _____ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37 C.F.R. §1.56(a)].

CLAIM UNDER 35 U.S.C. §119: I hereby claim foreign priority benefits under 35 U.S.C. §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed:

Prior Foreign Application(s) Appln No.	Country	Filing Date Day-Mon-Year	Priority Claimed Yes - No
9812523.0	Great Britain	10-06-1998	Yes

POWER OF ATTORNEY: As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: **Patrick J. Hagan, Reg. No. 27,643 and Kathleen D. Rigaut, Ph.D., Reg. 43,047.**

POWER TO INSPECT: I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110

**DIRECT INQUIRIES TO: Telephone: (215) 563-4100
Facsimile: (215) 563-4044**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

SECOND JOINT INVENTOR (IF ANY)

Full Name Victor Matassa
 First Middle Last

Full Name Frank Naries
 First Middle Last

Signature _____

Signature _____

Date _____

Date _____

Residence _____
 City State or Country

Residence _____
 City State or Country

Citizenship _____

Citizenship _____

Post Office Address: _____

Post Office Address: _____

Street Address _____

Street Address _____

City State or Country Zip Code

City State or Country Zip Code

THIRD JOINT INVENTOR (IF ANY)

Full Name Konrad Koehler
 First Middle Last
 Signature _____
 Date _____
 Residence _____
 City State or Country
 Citizenship _____
 Post Office Address: _____
 Street Address _____
 City State or Country Zip Code

FOURTH JOINT INVENTOR (IF ANY)

Full Name Jesus Ontoria
 First Middle Last
 Signature _____
 Date _____
 Residence _____
 City State or Country
 Citizenship _____
 Post Office Address: _____
 Street Address _____
 City State or Country Zip Code

FIFTH JOINT INVENTOR (IF ANY)

5-10
 Full Name Marco Poma
 First Middle Last
 Signature *Marco Poma*
 Date 27 Feb. 2001
 Residence VIA COLLINA DEL VALE
MONTESANTO (GR) ITX
 City State or Country
 Citizenship ITALIANA
 Post Office Address: _____
LUNGOTEVERE MELLINI 39
 Street Address _____
ROMA ITALY 00193
 City State or Country Zip Code

SIXTH JOINT INVENTOR (IF ANY)

Full Name Antonella Marchetti
 First Middle Last
 Signature _____
 Date _____
 Residence _____
 City State or Country
 Citizenship _____
 Post Office Address: _____
 Street Address _____
 City State or Country Zip Code

THIRD JOINT INVENTOR (IF ANY)

Full Name Konrad Koehler
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address:

Street Address _____

City State or Country Zip Code

FIFTH JOINT INVENTOR (IF ANY)

Full Name Marco Poma
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address:

Street Address _____

City State or Country Zip Code

FOURTH JOINT INVENTOR (IF ANY)

Full Name Jesus Ontoria
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address:

Street Address _____

City State or Country Zip Code

60

SIXTH JOINT INVENTOR (IF ANY)

Full Name Antonella Marchetti
First Middle Last

Signature Antonella Marchetti

Date 19-02-2001

Residence CASCIA (PG) ITALY ITX
City State or Country

Citizenship ITALIEN

Post Office Address:

V. TAGUONI 15
Street Address

CASCIA (PG) ITALY 06043
City State or Country Zip Code